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CONFIRMATION NO. 7086

|                             |                                       |              |                        |                                   |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/701,703 | FILING DATE<br>11/05/2003<br><br>RULE | CLASS<br>144 | GROUP ART UNIT<br>3725 | ATTORNEY<br>DOCKET NO.<br>HUN 101 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

## APPLICANTS

Robert E. Hunter, Highland Mills, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/449,825 ~~02/26/2003~~ \* 02/25/03  
 (\*)Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 02/20/2004

|  |                           |                        |                       |                            |
|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>NY | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>10 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                           |                        |                       |                            |
| Verified and<br>Acknowledged   | Examiner's Signature      | Initials               |                       |                            |

## ADDRESS

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## TITLE

Adjustable power tool attachment for table saws

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|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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